

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/782,229</u>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	2	↓		↓		↓			
TOTAL DEP.	10	↓		↓		↓			
TOTAL CLAIMS	12								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									